U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File N	umber U - St 60		2. Fisca	I Year Covered From:			
				1/1/2	2004 Through:	12 / 31 / 2004	
3. Name and address of person filing.			4. Nam	4. Name, file number, and address of labor organization.			
Name	Name BRANDON R FLINN		Name	LABORERS' IN	ERNATIONAL U	INION LOCAL #42	
A STATE A STAT		<del>-</del>	Labo	Organization File Nu	mber 022-16	5	
P.O. Box, Bldg., Room No., if any			P.O.	Box, Building and Ro	om Number, if any		
Street 901 MONERRA DR			Stree	Street 3710 ENRIGHT AVE			
City	O'FALLON		City	ST. LOUIS			
State	Missouri	ZIP Code + 4 63368	State	Missouri		ZIP Code + 4 63108	
5. Positio	on in labor organization.	FIELD REPRESENTIVE/ORGANIZ	er EXEC	CUTIVE BOARD			
A. Held	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
		(including trade name, if any).	<del></del>	ture of Interest, Trans			
Name				Clade de Calaba Pillo Calaba (S. Calaba) (Ant Arménia (S. Calaba)			
Trade I	Name, if any:						
P.O. B	ox, Bldg., Room No., if any				7/m4x30^55**>h******23.50****0010***00555**05555**00058**00050		
				nount.			
Street	Westerstänklich betreen medianiem soonsa sokala aart era ameen meiste vaardaaskelaalemooniste deskillelij on i	and the desired of th					
City				20000000 100000000000000000000000000000			
State		ZIP Code + 4	The second secon				
		S	ignature				
submi	tted in this report (including	The undersigned declares, under penalty the information contained in any accomplete, true, correct, and complete. (See the	anying docu	nents), has been exar	nined by the signa		
Signe	ed ) = 1=	10-	On	08/09/2005	314-531-1	187	
Oigne			-	Date		elephone Number	
Eorm I M	42.40.20					<u></u>	

Name of Person Filing BRANDON FLINN	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value <b>from</b> a <b>business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name ST. LOUIS CONST LABORERS' WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2357 59TH STREET  City ST. LOUIS  State Missouri. ZIP Code + 4 6311-0  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  X a. Labor Organization b. Trust c. Employer  11.a. Nature of such dealing.				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PROVIDES HEALTH BENEFITS TO LIUNA MEMBERS				
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  REIMBURSEMENT OF EXPESES FOR ATTENDING EDUCATIONAL CONFERENCE ON 10/1 THRU 10/6/2004  DAILY EXPENSES \$591.00  TUITION COST TO ATTEND CONFERENCE \$1350.00  HOTEL EXPENSES \$1228.00  AIRFARE \$222.00				
	12.b. Amount. \$3,391				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	er parts A and B above)				

Name of Person Filing BRANDON FLINN	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name COMMERCE BANK  Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 8000 FORSYTH  City ST. LOUIS  State Missouri ZIP Code + 4 63105		•
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name ST. LOUIS CONST LABORERS' WELFARE FUND	MONEY MANAGER	
Trade Name, if any:		displane
P.O. Box, Bldg., Room No., if any		
Street 2357 59TH STREET		dayannanayyyy
City ST. LOUIS		
State Missouri ZIP Code + 4 63110	11.b. Approximate dollar value of such dealing.	UNKNOWN
	12.a. Nature of interest held or income received.	have the BOO on the State Annual Annu
	07/02/04 BASEBALL TICKETS \$160.00	
	12 b. Amount.	\$160

Name of Person Filing BRANDON FLINN	File Number U-

## Part B Continuation Page

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8. Name and address of Business (inc	luding trade nam	e, if any).	9. Business deals with:	
Name   HEALTHLINK			a. Labor Organization	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		and the first foreign country of a right library recoveration to relative first final	b. Trust	
Street 12443 OLIVE	>>999999999999999999999999999999999999		c. Employer	
City ST. LOUIS				_
State Missouri	ZIP Code + 4	63141		_
10. If 9.b. or 9.c. is checked give trust or e	employer's name.		11.a. Nature of such dealing.	
Name ST. LOUIS CONST LABOR	RERS' WELFAR	E FUND	CONSULTANT	novel by special property of the special property of t
Trade Name, if any:				no menti i come di spori
P.O. Box, Bldg., Room No., if any				www.common
				demonstration and the second s
Street 2357 59TH STREET	Anny Street with a well and a will assume the control of the section of the secti			A (general bloom as a
City ST. LOUIS				
State Missouri	ZIP Code + 4	63110	11.b. Approximate dollar value of such dealing.	UNKNOWN
			12.a. Nature of interest held or income received.	
			09/27/04 ANNUAL GOLF TOURNAMENT AND	) LUNCH \$165.00
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				del derenantifele
				Promite (SSS) and (SSS) an
			SECTION OF THE PROPERTY OF THE	er höld deuer deuer
			12.b. Amount.	\$165

Name of Person Filing BRANDON FLINN	File Number U-

## Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name MISSOURI VALLEY PARTNERS	a. Labor Organization  D. Trust		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any SUITE 500	Representation of the second s		
Street 135 N. MERAMEC	c. Employer		
City ST. LOUIS		. ~	
State Missouri ZIP Code + 4 63105			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name ST. LOUIS CONST. LABORERS' WELFARE FUND	MONEY MANAGER		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 2357 59TH STREET		rozeniczenyczno	
City ST. LOUIS			
State Missouri ZIP Code + 4 63110	11.b. Approximate dollar value of such dealing.	UNKNOWN	
	12.a. Nature of interest held or income received.	4400 politik (1880 km) (1884 politik (1884 politik km) km) km) km) km) km) km) km) km) km	
	04/13/04 DINNER \$100.00, HOCKEY TI 05/12/04 DINNER (SELF AND SPOUSE)	CKET \$75.00 \$170.00	
		an-executives	
		**************************************	
		egycaniproxy	
	12 h Amount	\$345	
	LIZO AMONOT	3343	